



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E285259**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02881
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	11 - 14 - 2013	1320	31	0664
ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>		

CHAPEL HILL RD	BLOCK NO.	
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
	FEET	S. DAVIES

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253977241
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LAST NAME	BADGER	FIRST NAME	SUZANNE	MIDDLE INITIAL	M
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STREET NEW ADDRESS	11631 MERIDANPL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BADGESM480CM	STATE	WA	SEX	F	D.O.B.	02 - 14 - 1952
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	2HKYF18623H510020	STATE	WA	VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	HOND	MODEL	PILOT	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CARLOS BADGER 11631 MERIDIAN PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 001486096U
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253274996
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LAST NAME	HOPKINS	FIRST NAME	WALTER	MIDDLE INITIAL	B
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STREET NEW ADDRESS	11013 33RD ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HOPKIWB381MH	STATE	WA	SEX	M	D.O.B.	07 - 08 - 1962
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	748XWH	STATE	WA	VIN#	1FAFP45C01F155266
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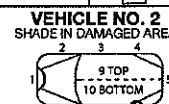
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	FORD	MODEL	MUSTAN	STYLE	2T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA0442689
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E285259**

CASE # **13-02881**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SAMUAL PAUL																
ADDRESS & PHONE #		4253155452																
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #2 was waiting for a pedestrain to cross the crosswalk to make a turn onto Davis Rd. Unit #1 collided with Unit #2 when he stopped for the pedestrian. Unit #1 sustained damage to the right front end and Unit #2 sustained damage to the left rear end.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

11-15-13 02:11 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

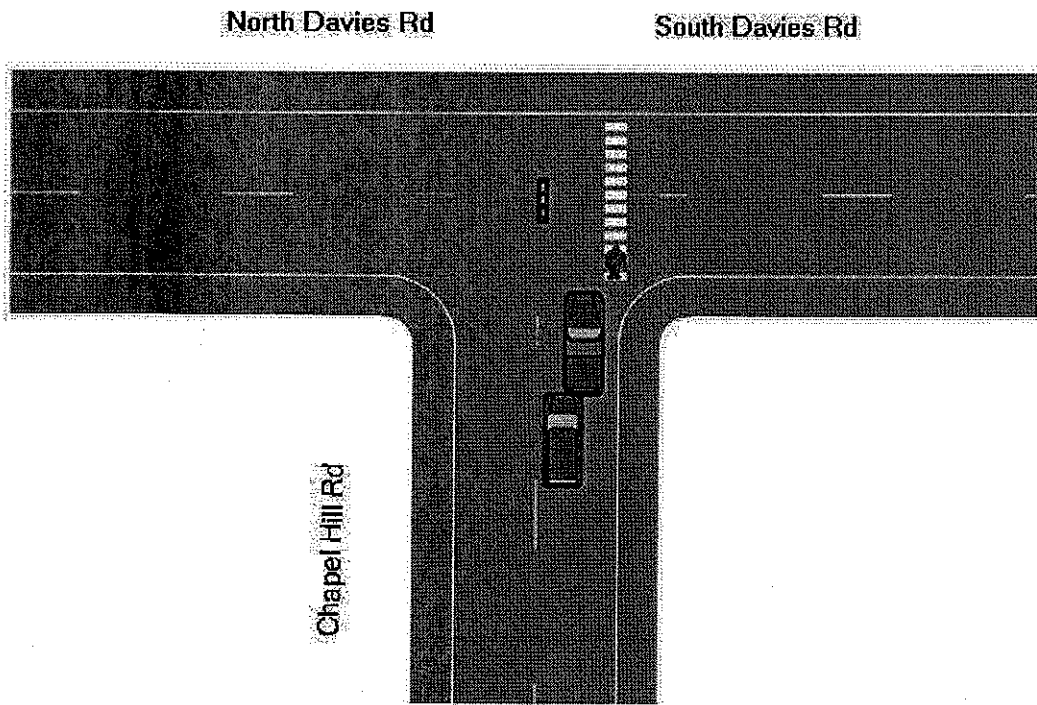
11/15/2013 2:25:23 PM

BADGE OR ID #	079	ORI #	WA0311900	TIME POLICE DISPATCHED	1:31 PM	TIME POLICE ARRIVED	1:43 PM
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REPORT NO: E285259

CASE # 13-02881

DATE AND TIME
OF COLLISION 11/14/13 13:20



LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>Sgt. R. Summers # 79</i>			Case Number <i>13-02881</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>11-14-13</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # Action #	Item <i>DD-R</i>	Brand Name <i>VERBATIM</i>			Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
<i>1</i>		<i>3</i>						
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #	Item	Brand Name			Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
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	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked	ROUTING: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <i>13-02881</i> White: Property Room Yellow: Case File </div>
Name: _____ # _____	NCIC/WACIC + Date:	Owner Letter Sent:	
Date: _____ Time: _____	NCIC/WACIC - Date:	Owner Letter Sent:	

Case Numbers: \$SS13002881

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1519 Map Page: 397G-2 Group: SS1 Beat: SOUT
Src: 9
Loc: CHAPEL HILL RD/S DAVIES RD , LKS (V)
Latitude: (+) 47.996317 Longitude: (-) 122.088661

1330	(SP0285)	ENTRY		, CC RP ADD , NON INJ, NON BLKING, BLU HONDA SUV VS BLK MUSTANG
1331	(SP0100)	DISP	SS1912	#SS79 SUMMERS, SGT (ROBERT)
1331		ENROUT	SS1912	
1343		ONSCNE	SS1912	
1346		ASNCAS	SS1912	\$SS13002881
1351	(SS79)	*MISC	SS1912	,BADGER USAA 001486096U 5/14 HOPKINS PEMCO CA 04 42689
1352		REMINQ	SS1912	MDTWANT, HOPKINS, WALTER, B, 070862, M,, WA, , , , , , , , , , ,
1418		REMINQ	SS1912	MDTVEH, 748XWH, , WA, , , , , , , , , , ,
1419	(SP0100)	CLEAR	SS1912	D/H
1419		CLOSE	SS1912	

REGIONAL